

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

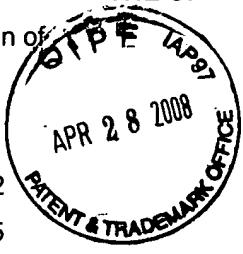
In re Patent Application of

MATHIEU et al

Serial No. 10/519,492

Filed: June 16, 2005

Title: IMPLANT INSERTING DEVICE



Atty DMB-2590-108

Dkt.

C# M#

TC/A.U.

3709

Examiner: Eric D. Blatt

Date: April 28, 2008

IAP07 Rec'd PCT 28 APR 2008

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment	11	minus highest number	
previously paid for	20	(at least 20) =	0 x \$50.00
			\$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment	1	minus highest number	
previously paid for	3	(at least 3) =	0 x \$210.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add

\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)

Two Month Extensions \$460.00 (1252)/\$230.00 (2252)

Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)

Four Month Extensions \$1640.00 (1254)/\$820.00 (2254)

Five Month Extensions \$2,230.00 (1255)/\$1115.00 (2255) \$ 120.00

Terminal disclaimer enclosed, add		\$130.00 (1814)/ \$65.00 (2814) \$
-----------------------------------	--	------------------------------------

Applicant claims "small entity" status. Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee		\$180.00 (1806) \$ 0.00
---	--	-------------------------

Assignment Recording Fee		\$40.00 (8021) \$ 0.00
--------------------------	--	------------------------

Other:		\$ 0.00
--------	--	---------

PLEASE CHARGE THE DEPOSIT ACCOUNT FOR THE TOTAL FEE \$ 120.00

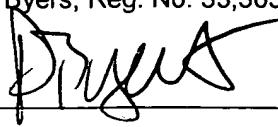
 CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
 Arlington, Virginia 22203-1808
 Telephone: (703) 816-4000
 Facsimile: (703) 816-4100
 DMB:ifo

NIXON & VANDERHYE P.C.

By Atty: Duane M. Byers, Reg. No. 33,363

Signature: 

04/30/2008 GFREY1 00000084 141140 10519492

01 FC:1251 120.00 DA

1258361